

Claimant's signature	Date	Signature of Officer Approving Travel and Payment	Date
v Signature and Title of Authority for Special Expenses (see item 17 on reverse)		>	Date

**TRAVEL EXPENSE CLAIM (STD 262) – RECEIPTS**  
**(Bob Clark - June, 2009)**

CHEVRON  
3900 PELANDALE AVE  
MODESTO, CA  
STN 00201456

06/30/09 20:34:26

E/DISCOVER  
XXXXXXXXXXXX7864  
Invoice# 5603040  
Auth# 030362

Pump#: 3  
9.378 G @ \$ 2.959  
UNLE/Self \$ 27.75  
Total \$ 27.75

Tell us about  
your shopping  
experience by  
logging onto  
Survey.Chevron.com

THANK YOU FOR  
CHOOSING CHEVRON

**ARCO AM/PM #82821**

2225 16th St.  
Sacramento, Ca 95816  
Store: 82821

06-30-2009 22:22:20 Register: 2  
CLERK:0515  
22:19:00 Sale no:238811

Initial Payment....\$ 20.00  
PrePay Deposit....\$ 20.00  
Initial Change.....\$ 0.00

Item	Sz	Qt	Total \$
Unlead 87	2	2.026G @ 2.839	5.75
* FUEL SALE *			

Sub Total.....\$	5.75
Tax.....\$	0.00
Total.....\$	5.75
PrePay Deposit....\$	20.00
Change.....\$	14.25

**THANK YOU!**